

NOTICE OF DEATH FOR SPOUSE OR DEPENDENT CHILD
(Life Insurance)
 Wis. Stat. § 40.70

Personally identifiable information, such as your Social Security number, date of birth, etc., will not be used for any purpose other than for the administration of the benefit programs administered by the Department of Employee Trust Funds.

COMPLETE AND RETURN TO YOUR EMPLOYER. ATTACH A CERTIFIED COPY OF THE DEATH CERTIFICATE.

		Employee Social Security Number
Employee Name (Last, First, Middle, Previous)		Birthdate (MM/DD/CCYY)
Employer Name or State of Wisconsin Department		
Name of Deceased (Last, First, Middle, Previous)		Deceased's Social Security Number
Relationship to Employee	Birthdate (MM/DD/CCYY)	Date of Death (MM/DD/CCYY)

At the time of death, the deceased person indicated above was my:

- Spouse. Date of marriage _____.
- Dependent child. This child was unmarried and dependent upon me for at least 50% of support and maintenance, and was (check appropriate box):
 - More than 14 days of age, but under the age of 19.
 - Between the ages of 19 and 25 if a full-time student (last enrolled on _____).
(MM/DD/CCYY)
 - Age 19 or older and incapable of self-support on account of physical or mental disability which can be expected to be of long-continued or indefinite duration.

I understand that Wis. Stat. § 943.395 provides criminal penalties for knowingly making false or fraudulent claims on this form and hereby certify that, to the best of my knowledge and belief, the above information is true and correct.

Date (MM/DD/CCYY)	Employee Signature
Address (Street, City, State, Zip Code)	

Basic and Spouse and Dependent group life insurance coverage was in force and premium payments were current at the time of the deceased's death. The employee has one unit or two units of Spouse and Dependent coverage. A copy of the spouse and dependent application is attached.

Date (MM/DD/CCYY)	Signature of Employer Representative
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FOR EMPLOYE TRUST FUNDS USE ONLY

	By	Date		By	Date (MM/DD/CCYY)
Completed			Initial Processing Comp & Audited		
			Received by Insurance Co.		
			Benefit Paid		